

2003

STATE OF NEW JERSEY

DOMESTIC COMPANIES OTHER THAN LIFE

PLACE LABEL HERE

Insurer NAIC Code Number \_\_\_\_\_

Place the peel off label in the space provided.  
Make necessary corrections on the label.

IMPORTANT: THE FOLLOWING INSTRUCTIONS  
MUST BE ADHERED TO.

The Original Return must be filed with the Director,  
Division of Taxation on or before March 1 annually  
and shall be accompanied with a CHECK PAYABLE TO—  
“NJ DIVISION OF TAXATION—INSURANCE TAX”  
(See address at right.)

Division of Taxation  
PO Box 247  
Trenton, NJ 08646-0247

PLEASE REFER TO INSTRUCTIONS ON PAGE 3 CONCERNING ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS.  
AND ALSO

A duplicate return must be filed with the  
Commissioner of Banking and Insurance at the same time.  
(See address at right.)

Department of Banking  
and Insurance  
PO Box 325  
Trenton, NJ 08625-0325

WHEN COMPLETING THIS RETURN, PLEASE BE SURE TO FOLLOW THE GENERAL FILING INSTRUCTIONS ON PAGE 3.  
ANNUAL REPORT

Statement of Premium Taxes and Other Obligations

Commissioner of Banking and Insurance, State of New Jersey:  
Director, Division of Taxation, State of New Jersey:

The \_\_\_\_\_  
incorporated or organized under the laws of New Jersey and with offices located at \_\_\_\_\_  
(MAILING ADDRESS OF OFFICE PREPARING RETURN)

hereby submit the following statement for the calendar year ending December 31, 20\_\_\_\_\_, as required by, and in accordance with the New Jersey  
Revised Statutes Title 54 Chapters 16, 17, 18 and 18A.

The actual address of the New Jersey Principal Office: \_\_\_\_\_  
STREET, CITY, ZIP CODE  
\_\_\_\_\_, which is located in \_\_\_\_\_  
NAME OF MUNICIPALITY\* AND COUNTY

\*Please be sure to indicate the actual municipality and not the New Jersey mailing address.

Date of incorporation or organization \_\_\_\_\_

Date first licensed in New Jersey \_\_\_\_\_

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.

On this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_ before me \_\_\_\_\_  
personally appeared \_\_\_\_\_  
(INSERT SECRETARY OR U.S. MANAGER)

\_\_\_\_\_ Insurance Company of \_\_\_\_\_

who being duly sworn according to law, on his oath did depose and say that the foregoing report is true and correct.

Subscribed and sworn to before me the \_\_\_\_\_  
day and year aforesaid. \_\_\_\_\_  
(INSERT SECRETARY OR U.S. MANAGER)

\_\_\_\_\_  
\_\_\_\_\_  
(OFFICIAL TITLE)

IMPORTANT:

THIS BLOCK MUST BE COMPLETED  
FEDERAL EMPLOYER IDENTIFICATION  
NUMBER .....

(NAME OF PARTY TO CONTACT REGARDING THIS RETURN) (TITLE) (PHONE NUMBER) (FAX NUMBER)

(SIGNATURE OF INDIVIDUAL PREPARING THIS RETURN) (PREPARER'S IDENTIFICATION NUMBER)

(NAME OF TAX PREPARER'S EMPLOYER) (EMPLOYER'S IDENTIFICATION NUMBER)

SCHEDULE A  
EXHIBIT OF TAXES  
MUST BE COMPLETED BY ALL TAXPAYERS

	(1)  DIRECT PREMIUMS	(2)  DIVIDENDS	(3)  TAXABLE PREMIUMS	STATE OF NEW JERSEY (4)  RATE TAX		
1. Auto Liability and Physical Damage				2.1%	•	
2. Individual Accident and Health				2.1%	•	
3. Group Accident and Health				1.05%	•	
4. All Other Lines (Except Ocean Marine and Fire)				2.1%	•	
5. Total Lines 1 to 4				XXX		
6. Fire Lines Schedule B				2.1%	•	
7. Ocean Marine				XXX	XXXXXX	
8.						
9.						
10. Total Lines 5 thru 9 Must Agree with Line 32, of New Jersey page 24 of Annual Statements as filed with the New Jersey Department of Banking and Insurance				XXX		
11. Finance and Service Charges				2.1%	•	
12. TOTAL (Line 10 plus Line 11)				XXX	•	
TAXABLE PREMIUMS AS DETERMINED WITH REFERENCE TO N.J.S.A. 54:18A-6						
NOTE: If Taxable Premiums are determined as provided in N.J.S.A. 54:18A-6 (12½ Limitation), then <u>Schedule C—Calculation of Taxable Premiums as Provided in N.J.S.A. 54:18A-6 Other Than Life Companies must be completed.</u>						
13. Taxable Premiums from Schedule C, Section II, Line 3, Column B				2.1%	•	
14. Taxable Premiums from Schedule C, Section II, Line 2, Column B				1.05%	•	
15. TOTAL (Lines 13 plus 14)				XXX	•	
16. Total Tax from Schedule A, Line 12, Column 4 or Line 15, Column 4			XXXXXX		•	
17. Workers Compensation Premiums, included at Line 4 above				¼%	•	
18.					•	
19. TOTAL TAXES (Line 16 thru 18)			XXXXXX	XXX	•	
Workers Compensation Premiums per Line 17		CALCULATION OF TOTAL AMOUNT DUE				
Premiums Line 16 Page 15 of Annual Statement _____		20. Other Credits* Attach Detailed Schedule		•		
Less Dividends _____		21. Smart Moves For Business Program Tax Credit from Form 307 (See instructions on Page 4)		•		
Taxable Premiums (Line 17, Col. 3) _____		22. Total Tax Credits (Line 20 Plus Line 21)		•		
		23. Balance of Tax Liability Due (Line 19 Less Line 22)		•		
Total Loss Reserve (Estimated) _____ as per Title 34 Chapter 15, Article 7 of the "Revised Statutes" (Formerly submitted as "Workers Compensation Security Fund Return")		24. Credit For Prepayment of Premium Tax paid March 1 and June 1 of the prior calendar year		•		
		25. Balance Due (Line 23 Less Line 24)		•		
		26. Prepayment of 2004 Tax—50% of Line 16				
		27. Total Amount Due State of New Jersey (Line 25 Plus Line 26)		•		
		28. If line 25 plus line 26 is less than zero enter the amount of the overpayment		•		
		29. Amount of line 28 to be applied to June 1, 2004 prepayment		•		
		30. The amount of line 28 to be refunded		•		
PAYMENT OF THE AMOUNT INDICATED AT LINE 27 MUST BE SUBMITTED TO THE DIVISION OF TAXATION AT THE ADDRESS INDICATED ON THE FIRST PAGE OF THIS RETURN.						

SCHEDULE B  
COMPANIES OTHER THAN LIFE  
CALCULATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6

INSTRUCTIONS

This schedule is to be completed only by those companies *electing* to calculate taxable premiums as provided in N.J.S.A. 54:18A-6 (12½% Limitation).

If the company was licensed subsequent to 6/30/84, complete *both* Section I and Section II.

If the company was licensed prior to 7/1/84, complete *only* Section II.

Worldwide Premiums should be calculated in Section I and II in accordance with the provisions for calculating New Jersey Taxable Premiums as indicated at Schedule A, Line 12.

Schedule A, Lines 1 to 12, must still be completed by all TAXPAYERS.

SECTION I—COMPLETE ONLY IF *LICENSED* SUBSEQUENT TO 6/30/84

WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN  
AND ALL OF ITS AFFILIATES AS DEFINED IN N.J.S.A. 17:27A-1 et seq.

WORLDWIDE PREMIUM DATA	(A) WORLDWIDE PREMIUMS	(B) 12½% OF AMOUNT IN COLUMN (A)	(C) NEW JERSEY PREMIUMS
1. TOTAL Premiums, including Finance and Service Charges, on all Policies of the company and its affiliates			
2. LESS: Premiums on Group Accident and Health Policies of the Company and its affiliates (Taxable at 1.05%)			
3. BALANCE—(Line 1 minus 2) (Taxable at 2.1%)			

SECTION II—MUST BE COMPLETED BY ALL COMPANIES ELECTING TO CALCULATE TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN

WORLDWIDE PREMIUM DATA	(A) WORLDWIDE PREMIUMS	(B) 12½% OF AMOUNT IN COLUMN (A)
1. TOTAL Premiums, including Finance and Service Charges on all Policies of the Company		
2. LESS: Premiums on Group Accident and Health Policies of the Company (Taxable at 1.05%)		
3. BALANCE—(Line 1 minus 2) (Taxable at 2.1%)		

NOTE: IN ORDER TO DETERMINE WHICH FIGURES SHOULD BE APPLIED AS TAXABLE PREMIUMS AT LINE(S) 13 AND/OR 14 OF SCHEDULE A, PLEASE REFER TO THE INSTRUCTIONS ON PAGE 4 FOR THE DETERMINATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

**DOMESTIC COMPANIES OTHER THAN LIFE**  
**GENERAL FILING INSTRUCTIONS**

**Please note that material changes have been made to the tax form due to computerization of Department of Banking and Insurance and Division of Taxation records. Listed below you will find instructions which highlight special areas of concern when completing the tax return.**

- 1. **NAIC code**—At the top left side of the first page of the return is a space to provide the insurer's five digit NAIC (National Association of Insurance Commissioners) code. This space must be completed by all taxpayers.
- 2. **Peel Off Labels**—Two (2) peel off labels were included with the blank tax returns that were mailed to each taxpayer. A peel off label must be affixed to the space provided at the top right hand corner of the first page of the tax return being submitted to the Division of Taxation and to the Department of Banking and Insurance.
- 3. **Schedule A**—Please note that Schedule A, including lines 1 to 12, must be completed by **all** taxpayers, even if the taxpayer is calculating the tax based on the 12.5% limitation indicated in Schedule C.
- 4. **Penalty and Interest**—Any taxpayer which shall fail to file its return when due or fail to pay any tax when due shall be subject to penalties and interest as provided for in the State Tax Uniform Procedure Law (N.J.S.A. 54:48-1 et seq.) and N.J.S.A. 18:2-2.1 et seq.
- 5. Please note that attachments must be included with the return being filed with the Division of Taxation and with the duplicate original return which is simultaneously being filed with the Department of Banking and Insurance.

**SMART MOVES FOR BUSINESS PROGRAM TAX CREDIT**  
**(FORMERLY THE EMPLOYER TRIP REDUCTION PLAN/RIDE SHARE TAX CREDIT)**

A taxpayer who has registered with the New Jersey Department of Transportation and who has an authorized report/plan to provide commuter transportation benefits may claim a tax credit based on the direct expenditures attributed to the plan.

To claim the credit the taxpayer must complete Form 307 and attach it to the tax return. This form and related information may be obtained from the Taxpayer Forms Service, PO Box 269, Trenton, N.J. 08695-0269, or by calling 1-800-323-4400 for New Jersey taxpayers or 609-826-4400 for out-of-state taxpayers.

If Form 307 is being submitted, the appropriate tax liability to be reported on line 13 of Part III is the tax amount reported on line 16, Schedule A of this premium tax return.

**ELECTRONIC FUNDS TRANSFERS**

The Division of Taxation has established procedures to allow the remittance of tax payments through electronic funds transfer (EFT). Taxpayer's with a prior year's liability of \$20,000 or more in any one tax are required to remit all tax payments using EFT.

If you have any questions concerning the EFT program, call 609-984-9830 or write to the N.J. Division of Revenue, EFT Section, PO Box 191, Trenton, N.J. 08646-0191.

If remitting payment by EFT, the Total Amount Due indicated at line 27 must be transmitted in one transaction with an applicable year of 2003. The prepayment of the 2004 tax liability included in this amount will automatically be credited to the 2004 tax year when the taxpayer files the 2004 Insurance Premium Tax Return. A separate transaction for the amount of the 2004 prepayment at line 26 is not required.

**INSTRUCTIONS FOR THE DETERMINATION OF TAXABLE**  
**PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6**  
**(SCHEDULE B)**

If the company *was* licensed subsequent to 6/30/84 and the amount indicated at Section I, Line 3, Column C *is not greater* than the amount indicated at Section I, Line 3, Column B, then the company does not qualify to use this limitation. Taxable Premiums are then those included at Line 12 of Schedule A.

If the company *was* licensed subsequent to 6/30/84 and the amount indicated at Section I, Line 3, Column C *is greater* than the amount indicated at Section I, Line 3, Column B, then taxable premiums are the amounts indicated at Section II, Column B. These amounts should be entered at the applicable Line(s) (13, 14) of Schedule A. A detailed schedule of Worldwide and New Jersey Premiums of the Company and each affiliate must also be submitted with this schedule.

If the company was licensed prior to 7/1/84 and if the amount indicated at Section II, Line 3, Column B *is less* than taxable premiums indicated at Line 12 of Schedule A, then enter amounts from Column B at the applicable Line(s) (13, 14) of Schedule A. If the amount indicated at Section II, Line 3, Column B *is not less* than taxable premiums indicated at Line 12 of Schedule A, then taxable premiums are those included at Line 12 of Schedule A.

**IMPORTANT NOTE**

**PAYMENT** for the amount indicated at Schedule A Line 27 of the Insurance Premium Tax Return **MUST BE SUBMITTED TO THE DIVISION OF TAXATION** at the address indicated on the first page of this return. **DO NOT** send payment of this amount to the Department of Banking and Insurance.

However, if the taxpayer is simultaneously paying an Annual Statement Filing Fee, Renewal of Certificate of Authority Fee, Maintenance Fee, Insurance Development Fund Surcharge, etc., these amounts must be submitted under separate cover to the address indicated on the notice received for the particular fee, surcharge, etc., and **MUST NOT** be included with the Insurance Premium Tax Return.

**\*\*ALL ATTACHMENTS MUST BE INCLUDED WITH BOTH THE ORIGINAL RETURN FILED WITH THE DIVISION OF TAXATION AND THE DUPLICATE RETURN FILED SIMULTANEOUSLY WITH THE DEPARTMENT OF BANKING AND INSURANCE.**